

S. No. 2  
DM-5-43  
v. 5-17-39  
1 X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 112801  
1728  
Registrar's No. 1002

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home, 1609 PARK  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 yrs. (Specify whether)  
In this community 25 yrs.  
years, months or days

3. (a) PRINT FULL NAME ROBERTA NEWSON  
(b) If veteran, name war NO  
(c) Social Security No. Don't know

4. Sex FE 3. Color or race NEGRO  
(a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife FRED  
(c) Age of husband or wife if alive 47 years  
7. Birth date of deceased SEPT 15 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>7</u>	<u>3</u>	hr. min.

9. Birthplace ARK  
(City, town, or county) (State or foreign country)  
10. Usual occupation Domestic

11. Industry or business  
12. Name JOHNSON WILLIAMS  
13. Birthplace TEXAS  
14. Maiden name ROBERTA LOR  
15. Birthplace TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Newson  
(b) Address 1400 WOODLAN APT. 210  
(c) Date thereof 4-20-48  
(Month) (Day) (Year)  
(d) Place: burial or cremation HIGHLAND  
(e) Signature of funeral director Thom Greenstreet  
(f) Address 1819 E. 15th K C Mo

19. (a) 4-20-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kennett 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1609 Park Ave 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 8  
If yes, name country 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 18  
year 1948 hour 31 minute 48 M.  
21. I hereby certify that I attended the deceased from March 31 to April 10, 1948  
that I last saw her alive on April 10, 1948  
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of the Rectum  
Due to Toxemia

Due to 46  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 46  
Of autopsy 46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Royce H. Fleming M.D. or other  
Address 1830 Pine St Date signed 4-19-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. G. Flynn*

Licensed Embalmer No.

4383

P. O. Address.....

1819 E. 15<sup>th</sup> K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.